

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017909

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

10
FILED JUN 6 1962

3002

130

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Wellsville	
Length of stay in 1b 1 day		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 112 East Street	
3. NAME OF DECEASED (Type or print) First Daniel Middle Kay Last Morris		4. DATE OF DEATH Month June Day 1 Year 1962	
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr. 14, 1896
9. AGE (last birthday) 66		IF UNDER 1 YEAR Months 1 Days 17	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fairman		10b. KIND OF BUSINESS OR INDUSTRY Fire Brick	
11. BIRTHPLACE (City and state or country) Montgomery County, USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James M. Morris		13b. MOTHER'S MAIDEN NAME Frances A. Smith	
14. NAME OF HUSBAND OR WIFE Minnie C. Dyke, Morris		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) yes WW #1	
16. SOCIAL SECURITY NO. 		17. INFORMANT Robert Morris, Wellsville, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 5 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Essential hypertension	
		DUE TO (c) Bronchial asthma	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Wellsville, Mo	
21. I attended the deceased from April 10 1946 to June 1 1962 and last saw him alive on May 31 1962		Death occurred at 5 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE O L Garcia M.D. (Degree or title)		22b. ADDRESS Wellsville, Mo	
22c. DATE SIGNED 6-2-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE June 3, 1962		23c. NAME OF CEMETERY OR CREMATORY Wellsville	
23d. LOCATION (City, town, or county) Wellsville, Mo		24. FUNERAL DIRECTOR Howard F. Myers, Wellsville, Mo.	
25. DATE RECD. BY LOCAL REG. June 2-1962		26. REGISTRAR'S SIGNATURE Blanche Keely	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON
C. L. Garcia M.D.

Permit obtained
June 1. 62
B.H.

JUN 1 3 1962

JUN 1 3 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.